2008 ELECTION CYCLE CPR - SS 08-01(b)

SEND TO:

601-576-2819.

CANDIDATE REPORT OF 2008 RECEIPTS AND DISBURSEMENTS

	JAN 13 2009
CAMPA	NIGN FINANCE/ LOBBYING UNIT SECRETARY OF STATE

Name of Candidate KEVIN NISGEE SECRETARY OF STATE
Address 201 MEADOWLANDS DR BRANDON 39047 County RANKIN
Telephone (Work) 601-939-4910 (Home) 61-829-975) (Fax)
Contact Name KEUN MSGEE Email Address KMCGEE & HOUSE, MS. GOV
Office Sought REPRESENTATIVE 457 59 Political Party REMISCICAN
Check here if above is different from previous report TYPE OF REPORT
 CHECK THE CATEGORY OF REPORT YOU ARE SUBMITTING ●
October 28, 2008 Pre-Election Report (January 1, 2008, through October 25, 2008)
November 18, 2008 Pre-Runoff Report (October 26, 2008, through November 15, 2008)Runoff Candidates
January 31, 2009 Annual Report (January 1, 2008, through December 31, 2008)
Termination Report (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt or obligations.) Required to terminate reporting obligations
IMPORTANT (1) Periodic reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period. (2) Until a candidate files a termination report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii). (3) The appropriate office must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the first working day before the deadline. Faxed reports are acceptable. (4) Contributions in excess of \$200 received after the reporting period but more than 48 hours before 12:01 a.m. on the day of the election must be reported by FAX or otherwise within 48 hours of the contribution. Use separate form "48 Hour Report" to report such activity.
REPORTED CONTRIBUTIONS AND DISBURSEMENTS
(itemized + non-itemized) Total This Period Calendar year-to-date
Total amount of contributions \$ +\$ 500 \$ 2000 \$ 2000
Total amount of disbursements \$ 503 +\$ 3600 \$ 4103 \$ 4103
Total amount of cash on hand \$ 10694
I certify that I have examined this report and to the fest of my knowledge and belief it is true, accurate, and complete.
(Signature of Candidate) (Date)
Authority: Refer to Miss. Code Ann. §23-15-801 (1972) et. seq. for statutory requirements. Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813 (1972).

Hosemann, Secretary of State, Elections Division, P.O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or

2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

1. Candidates for statewide, state district, multi-county and all legislative offices should return form to Delbert

Secretary of State Cepitol Office



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Name of Candidate or Committee KEVIN MSGEE Reporting period JAN 1 '08 through DEC 31, '08 ITEMIZED RECEIPTS

Full name	A. Source: □ Corporation	Date (Mo., Day, Year)	Amount of each receipt this period
	Euli nama	1114108	•
TALKON MS 20215 - 1640			
Occupation (Required) B. Source: Corporation #PAC Individual Loan Date (Mo., Day, Year) Full name RELLSOUTH EMPLOYEES PAC Individual Society Society Mailing Address If S E. CAP ITAL ST STE DO3 If I STE DO3 City, State, Zip Code If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 If I STE DO3 Misiling Address If I STE DO3 If I STE DO3 Cocupation (Required) If I STE DO3 Cocupation (Required) If I STE DO3 Misiling Address If I STE DO3 Cocupation (Required) If I STE DO3 Coc	City, State, Zip Code TACKSON MS 20215 - 1/640		\$
B. Source: Corporation X PAC Individual Loan Date (Mo., Day, Year)	Name of Employer (Required)		\$
Other (please specify) Trecelpt this period	Occupation (Required)		\$
Full name GELLSOUTH EMPLOYEES PAC			receipt
Mailing Address 175 E. CAP ITAL ST STE 203 City, State, Zip Code JACISSON MS 3920	Full name	118108	\$ 50000
Name of Employer (Required) Aggregate year-to-date Amount of each receipt this period	Mailing Address 175 E. CAPITAL ST STE 703		\$
Name of Employer (Required) Aggregate year-to-date Amount of each receipt this period	City, State, Zip Code JACKSON MS 39201		\$
C. Source: Corporation PAC Individual Loan Other (please specify) Full name ATAT MISSISSIPPI PAC Mailing Address City, State, Zip Code Date (Mo., Day, Year) Full name ATAT MISSISSIPPI PAC Mailing Address City, State, Zip Code JACKSON MS 39301 Name of Employer (Required) Date (Mo., Day, Year) Aggregate year-to-date PAC Individual Loan Date (Mo., Day, Year) Amount of each receipt this period Full name GEORGIA PACIFIC FAMANCIAL MISAT Mailing Address P.O. Box GIZ 70 City, State, Zip Code HOENIX AZ 85083 Name of Employer (Required) Occupation (Required) Aggregate Amount of each receipt this period Amount of			\$
Other (please specify) City, State, Zip Code Cocupation (Required) City, State, Zip Code Cit	Occupation (Required)		\$
Mailing Address TS E. CAPITAL 5; S S S S S S S S S	TE B		receipt
Malling Address 175 E. CAPITAL 5T City, State, Zip Code	Full name ATAT MISSISSIPPI PAC	101 301 08	\$ 500 -
City, State, Zip Code JACKSON MS 3920	Mailing Address 175 E. CAPITAL 5T	!!	\$
Name of Employer (Required) Aggregate year-to-date	City, State, Zip Code		\$
D. Source: Corporation PAC Individual Loan Date (Mo., Day, Year) Treceipt this period Full name GEORGIA PACIFIC FINANCIAL MalGMT Malling Address Malgman Malling Address Malling Address	Name of Employer (Required)		\$
Other (please specify) Full name GEORGIA PACIFIC FINANCIAL MIGHT Malling Address P.O. Box 61270 City, State, Zip Code PHOENIX AZ 85082 Name of Employer (Required) Occupation (Required) Aggregate receipt this period ### ### ### ### ### #### ###########	Occupation (Required)		\$
GEORGIA PACIFIC FINANCIAL MAIGHT 1 D3 D8 D5 D5 D5 D5 D5 D5 D5			receipt
Mailing Address	Full name GEORGIA PACIFIC FLAVANCIAL MAJGAT	11103108	\$ 250 -
City, State, Zip Code HOENIX AZ 85082	Mailing Address		\$
Name of Employer (Required)// \$ Occupation (Required) Aggregate \$	City, State, Zip Code PHOENIX AZ 85082	'	\$
	Name of Employer (Required)	//	\$
	Occupation (Required)		\$

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Vame	of	Candidate	or	Committee

KEUIN M.SGEE

S through NEC 31, '08

ITEMIZED DISBURSEMENTS

A. Full name 5+K MENSWEAR	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 158 PROMENAGE BLOG	119108	\$ 502 88
City, State, Zip Code Floward MS 39232		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code		S
Purpose of Disbursement (Optional)	Aggregate Year-to-date	S
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	s
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	//	\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		\$
City, State, Zip Code	//	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$